# PENT

# THE NEW YORK CITY DEPARTMENT OF EDUCATION Stuyvesant High School

345 Chambers Street, New York, NY 10282-1099 Telephone: (212) 312-4800 Facsimile: (212)587-3874

ERIC CONTRERAS

Principal

# Stuyvesant High School Escalator Expectations & Safety Tips

- Hold on to handrail at all times
- Step on and step off when exiting an escalator
- Do not sit on steps or lean on railings
- Do not rest anything on the escalator, such as backpacks, books, etc.
- Do not over crowd the escalator no more than two people per step
- · Face forward while riding the escalator
- No horseplay, running, jumping, sliding, etc.
- When riding escalators keep loose items such as clothing and shoelaces clear of edges and sides of escalator steps
- Immediately move clear of the escalator exit area, don't stop to talk or look around since other passengers may be behind you
- Do not discard items on escalator, keep free of debris; including flyers, coins and other trash
- If escalator is not working use staircase
- · There are red emergency stop buttons on both ends of escalator

# If you see something, say something.

Report any/all escalator conditions to AP Moran in room 103 at ext. 1030 or 1031 and call 311

Voice: (212) 312-4800 • Fax: (212) 587-3874



September 25, 2018

Re: Escalator Use at M475

Dear Stuyvesant High School Staff and Families,

On Thursday, September 13, 2018 an incident occurred that impacted the safe operation of one of our school's escalators. In accordance with standard protocol, all escalators were taken out of service by the DOE Division of School Facilities. The NYC Department of Buildings (DOB), the City's regulatory agency for escalator safety, subsequently conducted an extensive inspection of all escalators in the building. After this extensive inspection, additional repairs and testing, the DOB has given authorization to restore twelve (12) escalators to service.

Based on this authorization from the DOB, the Department of Education will restore the twelve (12) approved devices for use by students and staff effective Tuesday, September 25, 2018. Escalators between floors 2 and 4 will remain out of service until further notice from the Division of School Facilities.

Thank you for your patience during this time. We will continue to keep you informed of any updates related to the utility of these devices at Stuyvesant High School.

Sincerely, Eric Contreras Principal, Stuyvesant HS

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52 Chambers Street Room 218 New York, NY 10007

#### OCCURRENCE REPORT

DOE CONTROL NO. NYPD CONTROL NO. **02M475-091318-0013** none supplied

ATS CODE	SCHOOL	AND/OR PROGRAM NAM	INCIDENT DATE & TIME	DURING SCHOOL HOURS?	
02M475	Stuyvesant High School			9/13/2018 3:35 PM	Yes
REPORT Original	BOROUGH Manhattan	SUPERINTENDENCY	GEOGRAPHICAL DISTRICT 2	IS THIS REPORT FOR INFO	ORMATION ONLY:

Occurrence Reported by: Brian Moran-AP

Occurrence Data Entered at: 9/14/2018 at 9:34 AM

**Location of the Occurrence:** Staircase - Floor 4-2 (Stairwell #escalator)

Category: G05

Contacts: NYPD was contacted at 3:40 PM on 9/13/2018

Superintendent was not contacted.

Bias Related: No.

#### **Description of the occurrence**

There was an accident on the 4-2 escalator and students were injured.

Parental contact were successful.



Office of Safety and Youth Development Lois Herrera, Chief Executive Officer OSYDDATA@schools.nyc.gov +718 935 5004 tel

52 Chambers Street Room 218 New York, NY 10007

# OCCURRENCE REPORT

DOE CONTROL NO.

NYPD CONTROL NO.

NYPD CONTROL NO.

none supplied

**Persons Involved** 

**Victims** 



52 Chambers Street Room 218 New York, NY 10007

# OCCURRENCE REPORT

DOE CONTROL NO.	NYPD CONTROL NO.
02M475-091318-0013	none supplied



52 Chambers Street Room 218 New York, NY 10007

# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		First				
2. Name Prior to Marriage		3. Social Security #		4. File #	5. Student Identific	cation #
6. Sex	7. Date of Birth			8. Home Telephone		
9. Home Address		City			State	Zip
10. Status Student						
11. Assignment Location 02M475				12. Geographic Location Staircase escalator		
13. Telephone Number ( Where Injury Occ	curred )	14. Name of Supervi	sor Te	acher (If Student Injured)	15. Name of Site S contreras	Supervisor/Principal
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level	
INJURY DESCRIPTION						
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		ijury Location aircase		
23. Causal Agent Other	24. Causal Person N/A					
25. Body Part(s) Injured						
26. Was Parent/Guardian Contacted?		Yes				
27. Did Injured Person Refuse Medical Att	ention?					
28. Was First Aid Administered at School/S	Site?					
29. a. Was Injured Person Taken to a Ho						
b. Was Injured Person Accompanied	to the Hospital?					
30. Was an Ambulance Utilized?						
31. Name of Hospital						
32. Name of Nurse/Physician Used at Scho	ool/Site					
33. Name of Attending Physician						
Injury Description						

# **CONFIDENTIAL REPORT**

	DOE Contro	l Number: 02M475-091318-0	013
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI		
	D <sub>1</sub> :	sapproved	
37. Signature of Superintendent		pproved	Date
	IF LODI Dis	sapproved	



52 Chambers Street Room 218 New York, NY 10007

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DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		First				
2. Name Prior to Marriage		3. Social Security #	:	4. File #	5. Student Identification #	
6. Sex		7. Date of Birth	te of Birth 8. Home Telephone			
9. Home Address	. Home Address City				State	Zip
10. Status Student						
11. Assignment Location 02M475				12. Geographic Location Staircase escalator		
13. Telephone Number ( Where Injury	Occurred)	14. Name of Superv	visor Te	eacher (If Student Injured)	15. Name of S contreras	ite Supervisor/Principal
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Lev	el
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23. Causal Agent Other	24. Causal Pe N/A	rson				
25. Body Part(s) Injured						
26. Was Parent/Guardian Contacted?		Yes				
27. Did Injured Person Refuse Medica	al Attention?					
28. Was First Aid Administered at Sch	nool/Site?					
29. a. Was Injured Person Taken to	_					
b. Was Injured Person Accompa	anied to the Hospita	1?				
30. Was an Ambulance Utilized?						
31. Name of Hospital						
32. Name of Nurse/Physician Used at	School/Site					
33. Name of Attending Physician						
Injury Description						

	DOE Contro	ol Number: 02M475-091318-0	013
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI Di	sapproved	
37. Signature of Superintendent	IF LODI A	pproved	Date
	-	sapproved	



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		Firs	t		
2. Name Prior to Marriage 3. Social Security # 4		4. File #	5. Student Identification #		
6. Sex		7. Date of Birth		8. Home Telephone	
9. Home Address	City			State	Zip
10. Status Student					
11. Assignment Location 02M475				12. Geographic Location Staircase escalator	
13. Telephone Number ( Where Injury Occ	curred)	14. Name of Supervi	sor Te	eacher (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		njury Location taircase	
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25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical Att	ention?				
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b. Was Injured Person Accompanied	to the Hospital?				
30. Was an Ambulance Utilized?					
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32. Name of Nurse/Physician Used at Scho	ool/Site				
33. Name of Attending Physician					
Injury Description					

	DOE Control Number: 02M475-091318-0013				
34. Signature of Injured Person			Date		
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date		
36. Signature of Site Supervisor/Principal		pproved	Date		
	IF LODI Di	sapproved			
37. Signature of Superintendent	IF LODI A	pproved	Date		
	-	sapproved			



# **COMPREHENSIVE INJURY REPORT - Fact Sheet**

First

DOE Control Number: 02M475-091318-0013

#### INJURED PERSON DATA

1. Last Name (of Injured Person)

2. Name Prior to Marriage		3. Social Security #	4. File #	5. Student Identification #
6. Sex		7. Date of Birth	8. Home Telephone	
9. Home Address		City		State Zip
10. Status Student			1,000	
11. Assignment Location 02M475			12. Geographic Location Staircase escalator	
13. Telephone Number ( Where Inj	ury Occurred)	14. Name of Superviso contreras	r Teacher (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	18. Total Years of Service	19. Grade Level
INJURY DESCRIPTION				
20. General Activity Going to/from Class	21. Specific Other	Activity 2	2. Injury Location Staircase	
23. Causal Agent Other	24. Causal I N/A	Person		
25. Body Part(s) Injured				
26. Was Parent/Guardian Contacted	1?	Yes		
27. Did Injured Person Refuse Med	lical Attention?			
28. Was First Aid Administered at	School/Site?			
<ol> <li>a. Was Injured Person Taken</li> <li>b. Was Injured Person Accord</li> </ol>		tal?		
30. Was an Ambulance Utilized?				
31. Name of Hospital				
32. Name of Nurse/Physician Used	at School/Site			
33. Name of Attending Physician				
Injury Description				

#### Office of Safety and Youth Development Lois Herrera, Chief Executive Officer

+ 718 935 5004 tel

OSYDDATA@schools.nyc.gov

52 Chambers Street Room 218 New York, NY 10007

DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date
	<u> </u>	TI I	
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal	IF LODI A	pproved	Date
	1 1	isapproved	
37. Signature of Superintendent		pproved	Date
	IF LODI D	isapproved	



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage 3. Social Security #			4. File #	5. Student Identification #	
6. Sex		7. Date of Birth		8. Home Telephone	
9. Home Address	City			State	Zip
10. Status Student					
11. Assignment Location 02M475				12. Geographic Location Staircase escalator	
13. Telephone Number ( Where Injury Occ	urred)	14. Name of Supervi	sor Tea	cher (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		ury Location ircase	
23. Causal Agent Other	24. Causal Pers N/A	on			
25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical Atto	ention?				
28. Was First Aid Administered at School/S	Site?				
29. a. Was Injured Person Taken to a Ho					
b. Was Injured Person Accompanied	to the Hospital?				
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at Scho	ol/Site				
33. Name of Attending Physician					
Injury Description					
				DEBODI	

	DOE Control Number: 02M475-091318-0013				
34. Signature of Injured Person			Date		
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date		
36. Signature of Site Supervisor/Principal		pproved	Date		
	IF LODI Di	sapproved			
37. Signature of Superintendent	IF LODI A	pproved	Date		
	-	sapproved			



52 Chambers Street Room 218 New York, NY 10007

# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJURED	DEDCON I	$\mathbf{D} \mathbf{A} \mathbf{T} \mathbf{A}$
	FRANCIS	1) A I A

1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage		3. Social Security #	4. File #	5. Student	Identification #
6. Sex		7. Date of Birth	8. Home Telephone		
9. Home Address	Ci	ty		State	Zip
10. Status Student					
11. Assignment Location 02M475			12. Geographic Loca Staircase escalate		
13. Telephone Number ( Where Injury C	Occurred )	14. Name of Supervi	isor Teacher (If Student Injur	ed) 15. Name contre	of Site Supervisor/Principal ras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	18. Total Years of S	ervice 19. Grade	Level
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific A	c Activity 22. Injury Location Staircase			
23. Causal Agent Other	24. Causal Pe N/A	rson			
25. Body Part(s) Injured	'				
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical	Attention?				
28. Was First Aid Administered at Scho	ol/Site?				
29. a. Was Injured Person Taken to a	_				
b. Was Injured Person Accompan	ied to the Hospita	1?			
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at So	chool/Site				
33. Name of Attending Physician					
Injury Description					

# **CONFIDENTIAL REPORT**

	DOE Control Number: 02M475-091318-0013				
34. Signature of Injured Person			Date		
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date		
36. Signature of Site Supervisor/Principal		pproved	Date		
	IF LODI Di	sapproved			
37. Signature of Superintendent	IF LODI A	pproved	Date		
	-	sapproved			



# COMPREHENSIVE INJURY REPORT - Fact Sheet

First

DOE Control Number: 02M475-091318-0013

INJURED PERSON DATA
1. Last Name ( of Injured Person )

2. Name Prior to Marriage		3. Social Security #	4. File #	5. Student Identification #	
6. Sex		7. Date of Birth	8. Home Telep	phone	
9. Home Address		City		State Zip	
10. Status Student					
11. Assignment Location 02M475			12. Geographic Staircase es		
13. Telephone Number ( Where Injury Occi	urred )	14. Name of Supervicontreras	isor Teacher (If Student	t Injured) 15. Name of Site Supervisor/Principal contreras	
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	18. Total Years	rs of Service 19. Grade Level	
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific Ac Other	tivity	22. Injury Location Staircase		
23. Causal Agent Other	24. Causal Pers N/A	on			
25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?					
27. Did Injured Person Refuse Medical Atte	ention?				
28. Was First Aid Administered at School/S					
29. a. Was Injured Person Taken to a Hos					
b. Was Injured Person Accompanied					
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at School/Site					
33. Name of Attending Physician					
Injury Description					
 I					

DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI Di	sapproved	
37. Signature of Superintendent	IF LODI A	pproved	Date
	-	sapproved	



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJU	RED	PERSON	DATA
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1. Last Name ( of Injured Person )		First				
2. Name Prior to Marriage		3. Social Security #		4. File #	5. Student Identific	cation #
6. Sex		7. Date of Birth		8. Home Telephone		
9. Home Address		City			State	Zip
10. Status Student						
11. Assignment Location 02M475				12. Geographic Location Staircase escalator		
13. Telephone Number ( Where Injury Occ	urred )	14. Name of Supervi	sor Te	eacher (If Student Injured)	15. Name of Site S contreras	upervisor/Principal
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level	
INJURY DESCRIPTION						
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		njury Location taircase		
23. Causal Agent Other	24. Causal Pers N/A	on				
25. Body Part(s) Injured						
26. Was Parent/Guardian Contacted?		Yes				
27. Did Injured Person Refuse Medical Atte	ention?	ies				
28. Was First Aid Administered at School/S						
29. a. Was Injured Person Taken to a Ho	spital					
b. Was Injured Person Accompanied	to the Hospital?					
30. Was an Ambulance Utilized?						
31. Name of Hospital						
32. Name of Nurse/Physician Used at School/Site						
33. Name of Attending Physician						
Injury Description						

DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI Di	sapproved	
37. Signature of Superintendent	IF LODI A	pproved	Date
	-	sapproved	



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage	3. Social Security #		4	. File #	5. Student Identification #
6. Sex 7. Date of Birth		8	. Home Telephone		
9. Home Address		City		S	State Zip
10. Status Student					
11. Assignment Location 02M475			1	2. Geographic Location Staircase escalator	
13. Telephone Number ( Where Injury Occ	urred)	14. Name of Supervi	isor Teache	er (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	1	8. Total Years of Service	19. Grade Level
INJURY DESCRIPTION			'		
20. General Activity Going to/from Class	21. Specific Ac Other	tivity	22. Injury Stairc	Location ase	
23. Causal Agent Other	24. Causal Pers N/A	on			
25. Body Part(s) Injured					
26 W. D. 46 F. G. 4 4 19		V			
26. Was Parent/Guardian Contacted?      27. Did Injured Person Refuse Medical Attention	ention?	Yes			
28. Was First Aid Administered at School/S					
29. a. Was Injured Person Taken to a Ho	spital				
b. Was Injured Person Accompanied	to the Hospital?				
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at School/Site					
33. Name of Attending Physician					
Injury Description					

DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI Di	sapproved	
37. Signature of Superintendent	IF LODI A	pproved	Date
	-	sapproved	



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INI	URED	PERSON	DATA

1. Last Name ( of Injured Person )		First				
2. Name Prior to Marriage		3. Social Security #	4	. File #	5. Student Identification #	
6. Sex	Sex 7. Date of Birth		8	8. Home Telephone		
9. Home Address	City	I		St	ate Zip	
10. Status Student						
11. Assignment Location 02M475			1:	2. Geographic Location Staircase escalator		
13. Telephone Number ( Where Injury Occ	curred )	14. Name of Supervi	isor Teac	her (If Student Injured)	15. Name of Site Supervisor/Principal contreras	
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	1	8. Total Years of Service	19. Grade Level	
INJURY DESCRIPTION			·			
20. General Activity Going to/from Class	21. Specific Ac Other	etivity		ry Location rease		
23. Causal Agent Other	24. Causal Pers	son	•			
25. Body Part(s) Injured						
26. Was Parent/Guardian Contacted?		Yes				
27. Did Injured Person Refuse Medical Att	ention?					
28. Was First Aid Administered at School/	Site?					
29. a. Was Injured Person Taken to a Ho						
b. Was Injured Person Accompanied	to the Hospital?	?				
30. Was an Ambulance Utilized?						
31. Name of Hospital						
32. Name of Nurse/Physician Used at School/Site						
33. Name of Attending Physician						
Injury Description						

DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal		pproved	Date
	IF LODI Di	sapproved	
37. Signature of Superintendent	IF LODI A	pproved	Date
	-	sapproved	



52 Chambers Street Room 218 New York, NY 10007

# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJURED	PERSC	)N	DATA
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1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage		3. Social Security #	4. File #	5. Student Identificat	tion #
6. Sex		7. Date of Birth	8. Home Telephone	, ,	
9. Home Address	City			State Zip	
10. Status Student					
11. Assignment Location 02M475			12. Geographic Lo Staircase escala		
13. Telephone Number ( Where Injury C	Occurred )	14. Name of Supervi	sor Teacher (If Student Injur	ed) 15. Name of Site Sup contreras	pervisor/Principal
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM	18. Total Years of	Service 19. Grade Level	
INJURY DESCRIPTION				,	
20. General Activity Going to/from Class	21. Specific A	Activity	tivity 22. Injury Location Staircase		
23. Causal Agent Other	24. Causal Pe N/A	erson			
25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical A	Attention?				
28. Was First Aid Administered at School	ol/Site?				
29. a. Was Injured Person Taken to a	_				
b. Was Injured Person Accompani	ed to the Hospita	1?			
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at School/Site					
33. Name of Attending Physician					
Injury Description					

# **CONFIDENTIAL REPORT**

	DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date	
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date	
36. Signature of Site Supervisor/Principal		pproved	Date	
	IF LODI Di	sapproved		
37. Signature of Superintendent	IF LODI Ap	pproved	Date	
	- I I	sapproved		



# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

#### INJURED PERSON DATA

1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage	. Name Prior to Marriage 3. Social Security #		4. File #	5. Student Identification #	
6. Sex		7. Date of Birth		8. Home Telephone	
9. Home Address		City			State Zip
10. Status Student					
11. Assignment Location 02M475				12. Geographic Location Staircase escalator	
13. Telephone Number ( Where Injury Occ	urred )	14. Name of Supervi	sor Teac	ther (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		ry Location rease	
23. Causal Agent Other	24. Causal Pers N/A	on			
25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical Atte	ention?				
28. Was First Aid Administered at School/S	Site?				
29. a. Was Injured Person Taken to a Ho	spital				
b. Was Injured Person Accompanied	to the Hospital?				
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at School/Site					
33. Name of Attending Physician					
Injury Description					

	DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date	
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date	
36. Signature of Site Supervisor/Principal		pproved	Date	
	IF LODI Di	sapproved		
37. Signature of Superintendent	IF LODI Ap	pproved	Date	
	- I I	sapproved		

#### 52 Chambers Street Room 218 New York, NY 10007

# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INHIRED	PERSON	DATA
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Education

1. Last Name ( of Injured Person )		First				
2. Name Prior to Marriage		3. Social Security #	4. File # 5. Student Identification #		ification #	
6. Sex		7. Date of Birth		8. Home Telephone		
9. Home Address	City				State	Zip
10. Status Student						
11. Assignment Location 12. Geographic Location O2M475 12. Geographic Location Staircase escalator						
13. Telephone Number ( Where Injury Occ	urred )	14. Name of Supervi	isor Te	eacher (If Student Injured)	15. Name of Sit contreras	e Supervisor/Principal
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level	l
INJURY DESCRIPTION						
20. General Activity Going to/from Class	21. Specific Ac Other	tivity		njury Location taircase		
23. Causal Agent Other	24. Causal Pers N/A	on				
25. Body Part(s) Injured						
26. Was Parent/Guardian Contacted?		Yes				
27. Did Injured Person Refuse Medical Att	ention?					
28. Was First Aid Administered at School/S						
29. a. Was Injured Person Taken to a Ho						
b. Was Injured Person Accompanied	to the Hospital?					
30. Was an Ambulance Utilized?						
31. Name of Hospital						
32. Name of Nurse/Physician Used at Scho	ol/Site					
33. Name of Attending Physician						
Injury Description						

	DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date	
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date	
36. Signature of Site Supervisor/Principal		pproved	Date	
	IF LODI Di	sapproved		
37. Signature of Superintendent	IF LODI Ap	pproved	Date	
	- I I	sapproved		



52 Chambers Street Room 218 New York, NY 10007

# COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INHIRED	PERSON	DATA
	, F D D 3 ( ) N	DALA

1. Last Name ( of Injured Person )		First			
2. Name Prior to Marriage		3. Social Security #		4. File # 5. Student Identification #	
6. Sex		7. Date of Birth		8. Home Telephone	
9. Home Address		City			State Zip
10. Status Student					
11. Assignment Location 02M475 12. Geographic Location Staircase escalator					
13. Telephone Number ( Where Injury Oc	curred )	14. Name of Supervi	isor Tea	acher (If Student Injured)	15. Name of Site Supervisor/Principal contreras
16. Date of Injury 09/13/2018		17. Time of Injury 03:35 PM		18. Total Years of Service	19. Grade Level
INJURY DESCRIPTION					
20. General Activity Going to/from Class	21. Specific Ac Other	ctivity		jury Location aircase	
23. Causal Agent Other	24. Causal Pers	son			
25. Body Part(s) Injured					
26. Was Parent/Guardian Contacted?		Yes			
27. Did Injured Person Refuse Medical A	tention?				
28. Was First Aid Administered at School					
29. a. Was Injured Person Taken to a H					
b. Was Injured Person Accompanie	d to the Hospital?				
30. Was an Ambulance Utilized?					
31. Name of Hospital					
32. Name of Nurse/Physician Used at School/Site					
33. Name of Attending Physician					
Injury Description					

	DOE Control Number: 02M475-091318-0013			
34. Signature of Injured Person			Date	
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date	
36. Signature of Site Supervisor/Principal		pproved	Date	
	IF LODI Di	sapproved		
37. Signature of Superintendent	IF LODI Ap	pproved	Date	
	- I I	sapproved		